



Municipal Account Number

MSUNDUZI MUNICIPALITY
CUSTOMER INFORMATION VERIFICATION – INDIVIDUAL

- INSTRUCTIONS: 1. Before signing the form, ensure that all areas are completed.
2. Ensure that a copy of your ID/Passport is attached (Certified copies are not required).

Customer Details (Account Holder)

Form fields for Customer Details: Title, Initials, Date of Birth, First Name (s), Surname, Proof of Identity (ID Book, Passport, Drivers Licence, Other), Gender (Male, Female), Identification Number.

Residential Service Address

Form fields for Residential Service Address: Unit/ Flat Number, Floor Number, Section Number, Block/ Complex Name, Street Number, Suburb, Street Name, City/ Town, Postal Code.

Tick this box if the Domicilium Postal Address is the same as Residential Service Address above? []

Domicilium (Physical Address where you agree to accept service of legal documents and processes. P.O. Box/Private Bag/Cluster Box address will NOT BE ACCEPTED)

Form fields for Domicilium: Unit/ Flat Number, Floor Number, Section Number, Block/ Complex Name, Street Number, Suburb, Street Name, City/ Town, Postal Code.

Postal Address (if different from residential address)

Form fields for Postal Address: Address, Suburb, City/ Town, Postal Code.

Contact Details (Please provide at least one contact number)

Form fields for Contact Details: Home Number, Work Number, E-mail, Cell Number, Fax Number.

Tick a preferred Method of Contact [] Home [] Work [] Cell [] Email

Owner Details (If owner is deceased, please provide details of Executor)

Are you the owner of the property? Yes No if No, please provide the rates account number of the property:

Owner or Agents Name **Please list all owners of the property Owner ID/ Passport Number/ Registration Number

Owner 1*	<input type="text"/>	<input type="text"/>
Owner 2	<input type="text"/>	<input type="text"/>
Owner 3	<input type="text"/>	<input type="text"/>
Owner 4	<input type="text"/>	<input type="text"/>
Owner 5	<input type="text"/>	<input type="text"/>
Owner 6	<input type="text"/>	<input type="text"/>

Please Note: *1 Owner 1 must be the person or company responsible for the account. **2. If more than 6 owners, please compile separate schedule and attach. ***3. If you rent from an Agency, please fill in the Agency details. ****4. If you are not the owner, please add Owner or Agency address on a separate sheet.

Additional Information

Next of Kin (not living in the same household)

Name	<input type="text"/>										
Relationship	<input type="text"/>										
Address	<input type="text"/>										
Contact Number/s	1.		Home	Work	Cell	Fax	2.		Home	Work	Cell

General

The Msunduzi Municipality provides an easy to use debit order facility where you specify the maximum amount that can be debited to your account. This is a faster method of payment and will reduce the need to stand in queues.

Would you like a Customer Service Representative to contact you with regards to the debit order system? Yes No

Do you receive more than one account? Yes No
If yes, please list account numbers

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>

Would you prefer a consolidated account? Yes No

I certify that the above information is true and correct:

Date: Signature:

CHECKLIST (office use only)

- 1. All Shaded areas complete
- 2. Copy of ID/ Passport attached
- 3. Authorised signature certifying information